Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (6 **Phone #:** (6

(608) 261-7083 **(608) 266-2112** 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://www.drl.state.wi.us

MEDICAL EXAMINING BOARD

NATIONAL PRACTITIONER DATA BANK

You are required to request the "Practitioner Request for Information Disclosure" (Self-Query) from the National Practitioner Data Banks web site:

www.npdb-hipdb.com

When you obtain your self query, **please**, **open the envelope** to be certain your application was processed.

Then forward the processed **original** report directly to the Medical Examining Board at the address listed below.

Questions regarding this form may be directed to the Data Bank Help Line at 1-800-767-6732.

Department of Regulation & Licensing Medical Examining Board PO Box 8935 Madison, WI 53708-8935